**FOLEY & LARDNER LLP
ATTORNEYS AT LAW**

11250 EL CAMINO REAL, SUITE 200
SAN DIEGO, CA 92130
P.O. BOX 80278
SAN DIEGO, CALIFORNIA 92138-0278
TELEPHONE: 858.847.6700
FACSIMILE: 858.792.6773
WWW.FOLEY.COM

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From : Stephen E. Reiter <i>SR</i>
Email Address : sreiter@foley.com
Sender's Direct Dial : 858.847.6711
Date : February 17, 2005
Client/Matter No : SALK2270-4 (088802-5211)
User ID No : 1877

MESSAGE:**Re: U.S. Patent Application No. 09/458,366**

Attached are the following:

- 1) Issue Fee Transmittal with request for ten additional copies, in duplicate (4 pgs.)
- 2) Form PTOL-85(B), in duplicate (2 pgs.)
- 3) Amendment After Allowance Under 37 C.F.R. § 1.312 (2 pgs.)
- 4) Application for Patent Term Adjustment Under 37 CFR § 1.705 (3 pgs.)
- 4) Notification of Loss of Entitlement to Small Entity Status (1 pg.)

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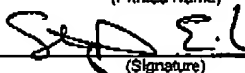
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NO. 0397 P. 2

Atty. Dkt. No. SALK2270-4 (088802-5211)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Ronald M. Evans
Title: TRANSGENIC ICE
EXPRESSING A HUMAN SXR
RECEPTOR POLYPEPTIDE
Appl. No.: 09/840,008
Filing Date: 4/20/2001
Examiner: Joseph T. Woitach
Art Unit: 1632
Conf. No.: 3075

CERTIFICATE OF FACSIMILE TRANSMISSION I hereby certify that this paper is being facsimile transmitted to the United States Patent and Trademark Office, Alexandria, Virginia on the date below. Stephen E. Reiter (Printed Name)  (Signature) February 17, 2005 (Date of Deposit)

ISSUE FEE TRANSMITTAL

Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Enclosed herewith please find:

1. Issue Fee Transmittal Form PTOL-85(B), the Publication Fee and request for ten additional copies of the issued utility patent.
2. Amendment After Allowance Under 37 C.F.R. § 1.312.
3. Application for Patent Term Adjustment Under 37 C.F.R. § 1.705.
4. Notification of Loss of Entitlement to Small Entity Status.

In re application of
Ronald M. Evans
Application No.: 09/840,008

Atty. Dkt. No. SALK2270-4 (088802-5211)

Please charge the issue fee, publication fee and the fee for ten additional copies in the total amount of \$1,730.00 to Deposit Account No. 50-0872. A duplicate copy of this transmittal is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.18, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Respectfully submitted,

Date

2/17/05

By



FOLEY & LARDNER LLP
Customer Number: 30542
Telephone: (858) 847-6711
Facsimile: (858) 792-6773

Stephen E. Reiter
Attorney for Applicant
Registration No. 31,192